

Dangerous Waste Site Identification Form

Site ID**Washington State Department of Ecology**

Hazardous Waste Information
P.O. Box 47658
Olympia, WA 98504-7658
(800) 874-2022 (within state)
(360) 407-6170

Web site: www.ecy.wa.gov/programs/hwtr

For Ecology Use Only**Date Received:**

Form	Reviewed	Entered	Verified
Site ID			
GM			
WR			
OI			

1. Reason for Submittal

☐ To provide **New** Notification of Regulated Waste Activity (complete entire form)

☐ To provide **Revised** Site Identification information (complete entire form)

☐ To **Withdraw** Site Identification Number (skip sections 10 and 11)

☐ To **Reactivate** Site Identification Number (complete entire form)

Effective Date: _____ (mm/dd/yyyy)

☐ A component of the **Dangerous Waste Annual Report** (skip section 11)

Reporting Year: _____ (yyyy)

2. RCRA Site ID Number:**3. Site Location Information**

Company Name: _____

Site Address: _____

City/State/Zip: _____

County: _____

Tax Registration Number: _____

NAICS Code: _____

Type of Business: _____

4. Company Mailing Address

Name: _____

Mail Address: _____

City/State/Zip: _____

Country: _____

5. Legal Owner

Name: _____

Mail Address: _____

City/State/Zip: _____

Phone Number (Ext): (____) _____

Owner Since: _____ (mm/dd/yyyy)

Owner Type: ☐ Federal ☐ State ☐ County ☐ Municipal

☐ District ☐ Private ☐ Tribal ☐ Other

6. Land Owner

Name: _____

Mail Address: _____

City/State/Zip: _____

Phone Number (Ext): (____) _____

Owner Type: ☐ Federal ☐ State ☐ County ☐ Municipal

☐ District ☐ Private ☐ Tribal Land

☐ Puyallup Trust ☐ Other

Dangerous Waste Site Identification Form (continued)

Site ID

RCRA Site ID Number:

7. Site Operator

Name: _____

Mail Address: _____

City/State/Zip: _____

Phone Number (Ext): (____) _____

Operator Since: _____ (mm/dd/yyyy)

Operator Type: ☐ Federal ☐ State ☐ County ☐ Municipal☐ District ☐ Private ☐ Tribal ☐ Other

8. Site Contact

Name: _____

Mail Address: _____

City/State/Zip: _____

Phone Number (Ext): (____) _____

Email Address: _____

9. Form Contact

Name: _____

Mail Address: _____

City/State/Zip: _____

Phone Number (Ext): (____) _____

Email Address: _____

10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste

(Choose only one of the following four categories)

- ☐ a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo)
- ☐ b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo)
- ☐ c. SQG: Small Quantity Generator (Less than 220 lbs/mo)
- ☐ d. XQG: No Regulated Waste Generated

2. Frequency of Generation

(Choose only one of the following three types)

- ☐ a. Monthly
- ☐ b. Batch
- ☐ c. One-time only

3. Transporter of Hazardous Waste

- ☐ a. Transport own waste
- ☐ b. Transport for commercial purposes

☐ 4. Recycler of On-Site Waste

(i.e., on-site use, reuse or reclamation of a waste after it has been generated)

☐ 5. Transfer Facility of Hazardous Waste

☐ 6. Permit-by-Rule (PBR)

☐ 7. Treatment-by-Generator (TBG)

☐ 8. Generator of Mixed Radioactive Waste

☐ 9. Importer of Hazardous Waste

☐ 10. Treatment, Storage, Disposal or Recycling (TSDR) Facility

(Note: A RCRA Permit is required for this activity)

☐ 11. 24-Hour Recycler of Off-Site Waste

(i.e., Immediate Recycler)

12. Dangerous Waste Fuel Activity

- ☐ a. Generator of dangerous waste fuel
- ☐ b. Generator marketing to burner
- ☐ c. Other marketers (i.e., blender, distributor, etc.)
- d. Burner (indicate type of combustion unit)
- ☐ 1. Utility boiler
- ☐ 2. Industrial boiler
- ☐ 3. Industrial furnace
- e. Deferrals/Exemptions (in federal registry only)
- ☐ 1. Smelter deferral
- ☐ 2. Small quantity exemption
- ☐ 3. Other (specify): _____

Dangerous Waste Site Identification Form (continued)

Site ID

RCRA Site ID Number:

B. Universal Waste Activities**1. Large Quantity Handler of Universal Waste**

(Mark all boxes that apply)

	<u>Generate</u>	<u>Accumulate</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Mercury containing thermostats	<input type="checkbox"/>	<input type="checkbox"/>
c. Lamps	<input type="checkbox"/>	<input type="checkbox"/>

☐ **2. Destination Facility for Universal Waste**

(Note: A RCRA Permit is required for this activity)

C. Used Oil Activities**1. Off-specification used oil burner** Indicate type(s) of combustion devices

- ☐ 1. Utility boiler
☐ 2. Industrial boiler
☐ 3. Industrial furnace

2. Used oil transporter Indicate type(s) of activity(s)

- ☐ a. Transporter
☐ b. Transfer facility

3. Used oil processor/re-refiner Indicate type(s) of activity(s)

- ☐ a. Process
☐ b. Re-refine

4. Used Oil Fuel Marketer

- ☐ a. Directs shipment of used oil to used oil burner
☐ b. First claims the used oil meets the specifications

11. Description of Hazardous Wastes**A. Waste Codes for Federally Regulated Hazardous Wastes:** Identify those codes that best describe your waste. (e.g., D001 – Ignitable, D002 – Corrosive, D003 – Reactive, etc.)

B. Waste Codes for State Regulated (i.e., non-Federal) Hazardous Wastes: Identify those codes that best describe your waste. (e.g., WT02 – Toxic, WP02 – Persistent, WL02 – Labpack, WSC2 – Solid Corrosive, etc.)

12. Comments

Additional sheets may be attached for comments if needed.

13. Certification**This form cannot be processed without a signature**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Date

Name (print or type)

Title

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste and Toxics Reduction Program at 1-800-833-6388 (TTY) or quick dial 711-833-6388 (TTY).

14. Electronic Submittals

☐ I am interested in the electronic filing of my Dangerous Waste Annual Reporting and Site Identification information to Ecology over the Internet. Ecology will issue a PIN number, along with electronic filing instructions, in a letter addressed to the Form Contact in Section 9 on this form.